

CITY OF SEGUIN

AGENT'S AFFIDAVIT

I hereby attest that I have been authorized by the property owner of record to represent him/her in this request, and I state that the preceding information is complete and accurate. I understand that I should be present at all meetings concerning this request, and that if I am unable to attend, I may send a representative or write a letter stating my position or intentions. I further understand that this is necessary for proper consideration of this application, and that lack of such representation may result in postponement or denial.

Agent Applicant's Signature: _____

Printed Name of Agent Applicant: _____

Agent Applicant's Mailing Address: _____

Agent Applicant's Phone Number: _____

Preferred Method of Contact: _____ Email _____ Phone _____ Fax

Email Address or Fax Number: _____

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED before me by _____,
this _____ day of _____, 20__.

Notary Public

My Commission Expires:

_____, 20__

AGENT'S AFFIDAVIT

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Property Owner of Record Signature: _____

Printed Name of Property Owner: _____

Property Owner's Mailing Address: _____

Property Owner's Phone Number: _____

Preferred Method of Contact: _____ Email _____ Phone _____ Fax

Email Address or Fax Number: _____

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED before me by _____,

this _____ day of _____, 20____.

Notary Public

My Commission Expires:

_____, 20____